

Fact Sheet On

Benefits of Family Planning

Highlights

- Without contraceptives, the average woman would have 12 to 15 pregnancies in her lifetime.
- Investments in family planning facilitate greater educational and economic attainment for women and their families.
- Access to family planning and reproductive health services are essential to reducing the personal and societal costs of unintended pregnancy and sexually transmitted infections.
- The Family PACT Program provides clinical services for family planning and reproductive health at no cost to eligible uninsured Californians.
- One main goal of Family PACT is to increase California's met need for family planning services. In 2003, Family PACT met 57% of the need.¹²
- A pregnancy is more likely to be unintended among adolescents than adults.
- Use of Family PACT contraceptive services averted an estimated 205,000 unintended pregnancies during 2002 and saved \$1.1 billion in public costs.¹³

Background

The benefits of family planning and birth spacing reach far beyond the individual level for women and their families. Women who can plan the number and timing of the birth of their children enjoy improved health, experience fewer unplanned pregnancies and births, and are less likely to have an abortion. In addition, women who have control over their fertility have more educational and employment opportunities which enhances their social and economic status and improves the well-being of their families.¹

- On average, American women want—and have—two children. Women therefore must spend roughly three decades avoiding pregnancy.² Without contraceptives, the average woman would have 12 to 15 pregnancies in her lifetime.³
- Nationally, every public dollar spent on family planning services saves \$3 in Medicaid costs that would otherwise be needed for prenatal and newborn care.⁴ A study of family planning care provided through Medicaid waivers found that every state saved money, even while increasing access to care.⁵
- The average age at first birth for American women has risen from 21.4 years old in 1970 to almost 25 years of age in 2000. Several factors may account for the delay in childbearing, most importantly increased educational opportunities and career choices for women. From 1970 to 2000 the number of women completing college nearly doubled and the number in the labor force increased by almost 40%.⁶
- California's teen birth rate has declined significantly since the Family PACT Program began in 1997. It first dropped below the national average in 1999. Nevertheless, the state's teen birth rate still remains high—38 out of every 1,000 females 15-19 years old gave birth in 2004.⁷ Among adolescents who recently gave birth, 72% of pregnancies were unintended, compared to 41% among adults.¹⁰
- Access to high-quality family planning services—which includes testing and treatment for sexually transmitted infections—can prevent adverse and expensive reproductive health outcomes such as ectopic pregnancy, sterility, pelvic inflammatory disease, and human immunodeficiency virus (HIV) transmission.

Family PACT Program

California's Family PACT (Planning, Access, Care, and Treatment) Program provides clinical services for family planning and reproductive health at no cost to eligible uninsured residents, filling a critical gap in health care for the indigent, low-income, and working poor. Women and men are eligible if they reside in California, are at risk of pregnancy or causing pregnancy, have a gross family income at or below 200% of the Federal Poverty Level (FPL), and have no other source of health care coverage for family planning services. The Family PACT Program is administered by the Department of Health Services, Office of Family Planning.

Who Benefits?

An array of economic, health, and societal facets within California benefit by helping its residents plan and space their children. Publicly-funded family planning services are key to decreasing unintended pregnancies.

- Nearly one-half (45%) of all births in California during 2003 were funded by Medi-Cal.⁸
- Approximately 37% of women ages 18-44 are at or below 200% of FPL⁹; however, 51% of births to this population subgroup resulted from unintended pregnancies, compared to 27% of births to women above 200% of FPL.¹⁰

- Nearly one-third of low income women of reproductive age were uninsured compared to 9% of women above 200% of FPL.¹¹ Family PACT provides them with the opportunity to easily access services. Family PACT increasingly met the need for family planning services in California—from 41% of need met in 1999 to 57% in 2003.¹²
- Women who carry an unintended pregnancy to term are less likely to get prenatal care in the first trimester than if the pregnancy is intended—79% compared to 91%.
- In studies comparing women of similar socioeconomic status, women who become mothers in adolescence are more likely to need public assistance than women who postpone childbearing.¹³ Furthermore, children born to adolescent mothers are more likely to under-perform physically, socially, and academically when compared to children born to older mothers.¹⁴
- Men are important partners in determining the reproductive health of couples. In Family PACT, males account for about 11% of all clients served.
- By spending approximately \$404 million for Family PACT services during 2002, \$1.1 billion was saved in public funds that would have been spent on medical care, income support, and social services through averting pregnancies up to age two, and \$2.2 billion up to age five.
- Although adolescents account for 21% of the total pregnancies averted by Family PACT, they account for more than 30% of the cost-savings due, in part, to their higher per-pregnancy costs.
- Every dollar spent on Family PACT services generates an estimated public savings of:
 - \$2.76 up to two years after birth.
 - \$5.33 up to five years after birth.

Cost Benefit

Low income pregnant women can qualify for several public programs which provide free or low-cost medical services before and after a delivery, as well as income support and social services for themselves and their children. Through the provision of effective methods of contraception to low income individuals who have limited access to these services elsewhere, the Family PACT Program has reduced the number of unintended pregnancies in California resulting in substantial financial savings. The Family PACT Cost-benefit Analysis¹⁵ demonstrated that:

- In one year alone, Family PACT dispensed contraceptives to nearly one million women during 2002 thereby averting approximately 205,000 unintended pregnancies that would have resulted in 94,000 live births, 79,000 abortions, 2,000 ectopic pregnancies, and 30,000 miscarriages.

Conclusion

Access to family planning services is vital to the health and future of California. The ability to plan the number and spacing of births increases the likelihood for positive health outcomes for women, men, and their children. Improving knowledge about contraception, and ensuring access to effective family planning options for residents in need are essential to decreasing unintended pregnancies and increasing intended pregnancies. California's Family PACT Program has made significant progress in meeting this need. The costs of this family planning program are small relative to the dividends that the entire state reaps by preventing unintended pregnancies.

Fact Sheet on Benefits of Family Planning, Version 2, updated February 2006. This information was compiled by the University of California, San Francisco, Bixby Center for Reproductive Health Research & Policy, under contract #05-45122, with the California Department of Health Services, Office of Family Planning. Email: FPACTEval@obgyn.ucsf.edu. Websites: ReproHealth.ucsf.edu and FamilyPACT.org

- 1 Singh, S. et al. *Adding It Up: The Benefits of Investing in Sexual and Reproductive Health Care*; New York: The Alan Guttmacher Institute and United Nations Population Fund; 2003.
- 2 Sonfield, A. *Preventing Unintended Pregnancy: The Need and the Means*, The Guttmacher Report on Public Policy; December 2003; 6(5).
- 3 Henshaw, S. and Kost, K. *Parental Involvement in Minors' Abortion Decisions*, Family Planning Perspectives; 1992; 24(5); 197, 199-200, 207.
- 4 Forrest, J.D. and Samara, R. *Impact of publicly funded contraceptive services on unintended pregnancies and implications for Medicaid expenditures*; Family Planning Perspectives; 1996, 28(5);188-195.
- 5 Edwards, J.; Bronstein, J.; and Adams, K. *Evaluation of Medicaid Family Planning Demonstrations*; CNA Corporation; 2003.
- 6 Mathews, T.J. and Hamilton, B.E. *Mean age of mother, 1970-2000*; National vital statistics reports; Hyattsville, Maryland: National Center for Health Statistics; 2002; 51(1).
- 7 California Department of Health Services, Maternal, Child & Adolescent Health/Office of Family Planning Branch, September 2005 analysis. *Teen Births: Birth Statistical Master File, years 1970-2004*. Teen population: Years 1970, 1980, State of California, Department of Finance, Provisional Estimated Population, December 15, 1971. Years 1990-2004, State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999 & 2000-2050. Sacramento, CA, May 2004.
- 8 Rains, J., Robeson, R. *Medi-Cal Funded Deliveries: 2003*. Medical Care Statistics Section, California Department of Health Services, August 2005.
- 9 Annual Social and Economic Supplement Files to the Current Population Survey, 2000-2004
- 10 California Department of Health Services, Maternal, Child and Adolescent Health/Office of Family Planning Branch (2006); Maternal and Infant Health Assessment (MIHA), 2004; Unpublished analysis of raw data, February 2006.
- 11 UCSF analysis of Combined California Women's Health Survey, 2002-2004.
- 12 Family PACT data presented in this fact sheet are drawn from Family PACT Final Evaluation Report, Aug 2005 (available at www.FamilyPACT.org).
- 13 The National Campaign to Prevent Teen Pregnancy, *Whatever Happened to Childhood? The Problem of Teen Pregnancy in the United States*. In: *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*; edited by Maynard, Rebecca A.; The Urban Institute Press; May 1997.
- 14 Terry-Humen, E.; Manlove, J.; and Moore, K. *Playing catch-up: How the children of teen mothers fare*. Washington, D.C.: National Campaign to Prevent Teen Pregnancy; 2005.
- 15 Brindis, C.D.; Amaral, G.; Foster, D.G.; and Biggs, M.A. *Cost-benefit Analysis of the California Family PACT Program for Calendar Year 2002*; A UCSF Report to the State of California Department of Health Services, Office of Family Planning; January 2005.